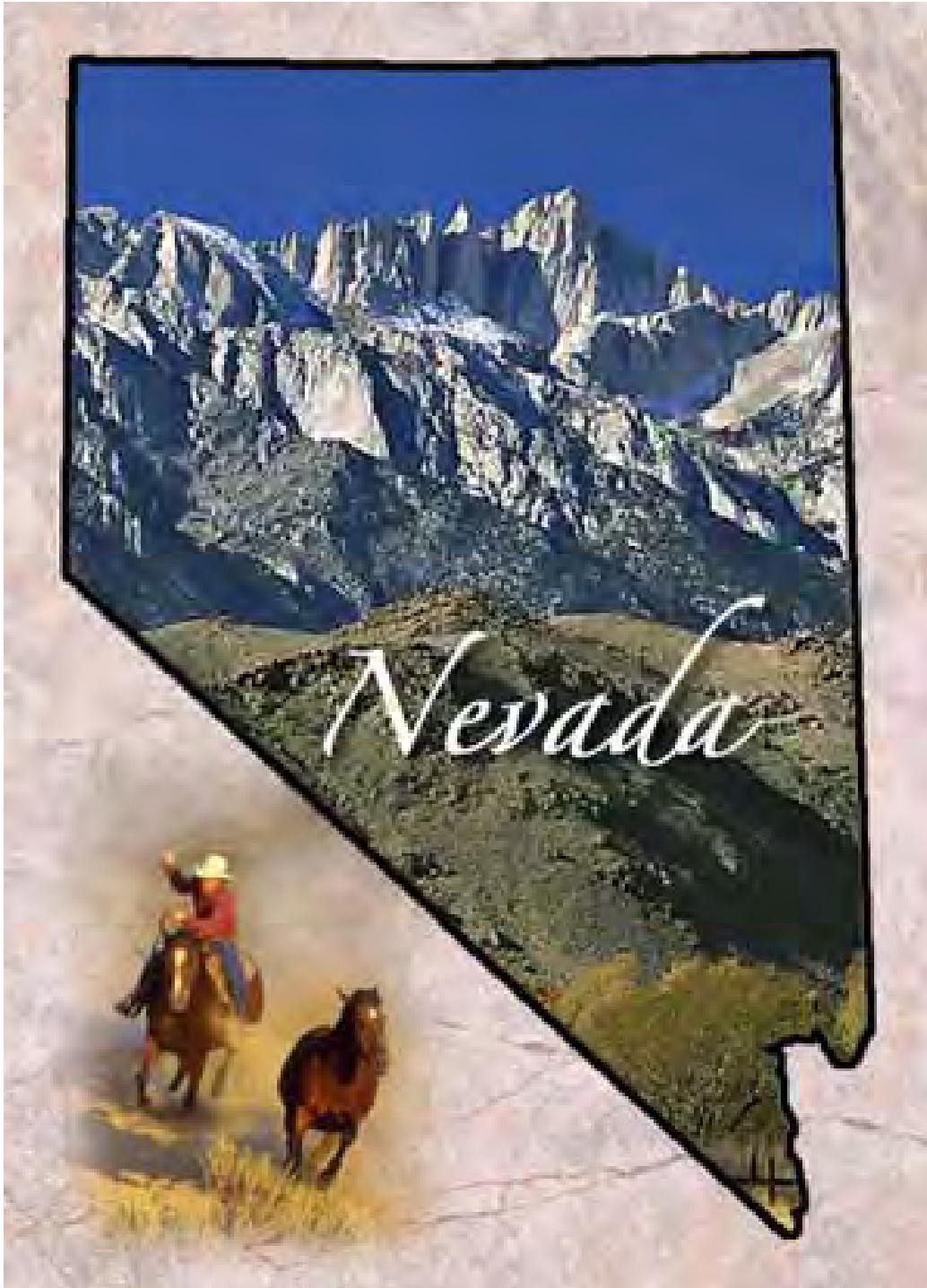


# Quarterly Training for Medicaid Providers

June 2013



# Agenda

- New Customer Service Representatives
- Web Announcements
- Provider Enrollments/Re-enrollment
- ICD-10 Resources
- New Claim Form Instructions
- Provider Web Portal 4.0
- Medicaid Services Manual (MSM) Updates
- Billing HCPCS/CPT/NDC Codes
- Provider Field Representatives





# New Customer Service Representatives



# Customer Service Representatives

In May 2013, HP Enterprise Services (HPES) welcomed onboard a group of new Customer Service Representatives. They are trained to address questions related to:

- Recipient Eligibility
- Claim Inquiries
- Enrollment/Re-enrollment



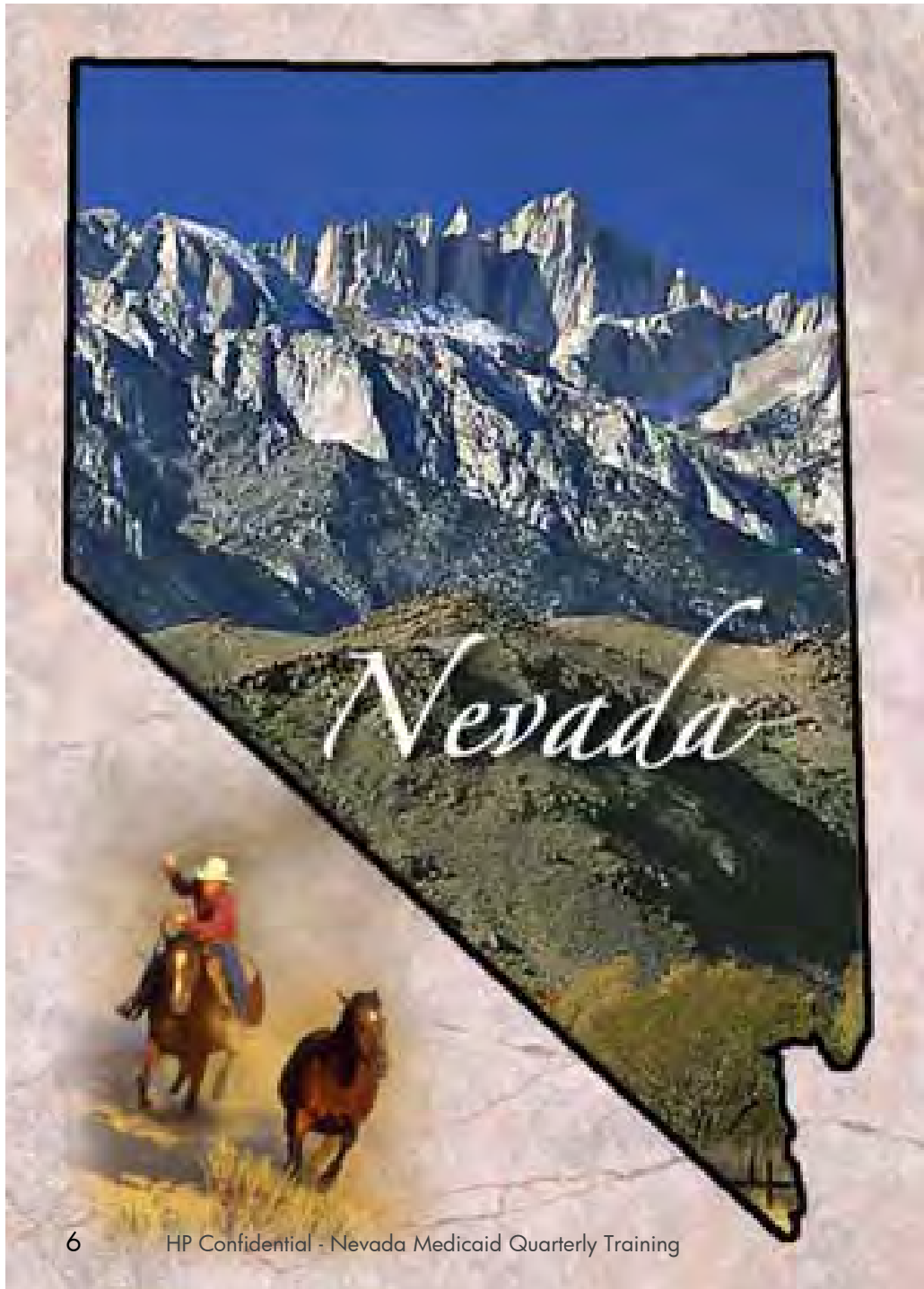
# Customer Service Inquiries

(877) 638-3472

Monday-Friday 8 a.m.-5 p.m.

- Claim status inquiries require the *Servicing* Provider's NPI/API
- Recipient eligibility and claim status is primarily available through:
  - Automated Response System (ARS) (800) 942-6511 or
  - The Electronic Verification System (EVS)
- Inquiries that are escalated for further review will be responded to within 48 hours





# Web Announcements



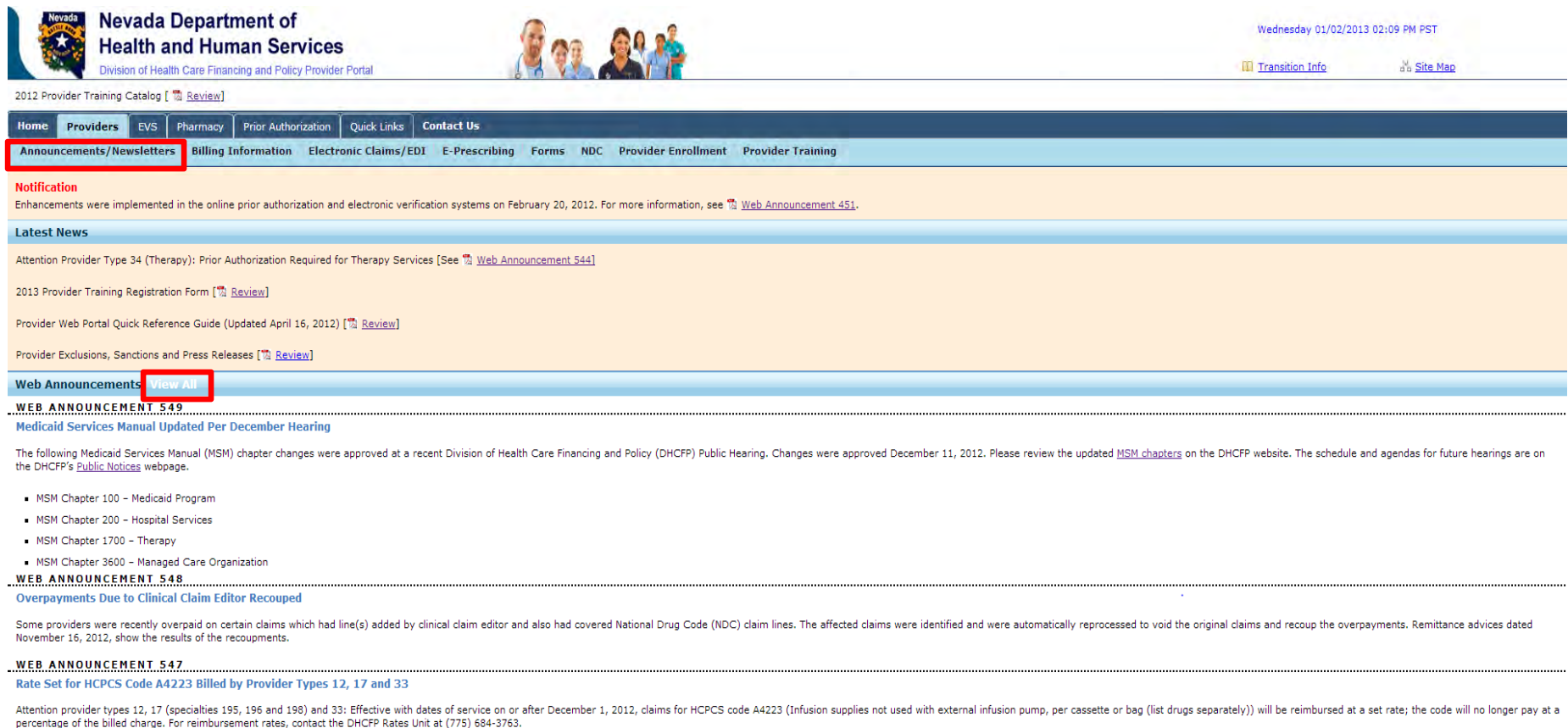
# Web Announcements

- Provider communications are posted as web announcements with updates, changes and new information
- Announcements may contain special billing instructions and links
- Remember to check web announcements frequently at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)



# Locating Web Announcements

[www.medicaid.nv.gov](http://www.medicaid.nv.gov)



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state seal, the department name, and the Division of Health Care Financing and Policy Provider Portal. A navigation bar contains links like Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Contact Us. Below this, a secondary navigation bar highlights 'Announcements/Newsletters'. The main content area features a 'Notification' section about enhancements to prior authorization systems, a 'Latest News' section with links to provider training and quick reference guides, and a 'Web Announcements' section. The 'Web Announcements' section is expanded, showing three items: 'WEB ANNOUNCEMENT 549' regarding Medicaid Services Manual updates, 'WEB ANNOUNCEMENT 548' about overpayments, and 'WEB ANNOUNCEMENT 547' regarding HCPCS code A4223 billing. Each announcement includes a brief description and a link to the full document.

**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

Wednesday 01/02/2013 02:09 PM PST

[Transition Info](#) [Site Map](#)

2012 Provider Training Catalog [ [Review](#) ]

[Home](#) [Providers](#) [EVS](#) [Pharmacy](#) [Prior Authorization](#) [Quick Links](#) [Contact Us](#)

[Announcements/Newsletters](#) [Billing Information](#) [Electronic Claims/EDI](#) [E-Prescribing](#) [Forms](#) [NDC](#) [Provider Enrollment](#) [Provider Training](#)

**Notification**  
Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see [Web Announcement 451](#).

**Latest News**

Attention Provider Type 34 (Therapy): Prior Authorization Required for Therapy Services [See [Web Announcement 544](#)]

2013 Provider Training Registration Form [ [Review](#) ]

Provider Web Portal Quick Reference Guide (Updated April 16, 2012) [ [Review](#) ]

Provider Exclusions, Sanctions and Press Releases [ [Review](#) ]

**Web Announcements** [View All](#)

**WEB ANNOUNCEMENT 549**  
**Medicaid Services Manual Updated Per December Hearing**

The following Medicaid Services Manual (MSM) chapter changes were approved at a recent Division of Health Care Financing and Policy (DHCFF) Public Hearing. Changes were approved December 11, 2012. Please review the updated [MSM chapters](#) on the DHCFF website. The schedule and agendas for future hearings are on the DHCFF's [Public Notices](#) webpage.

- MSM Chapter 100 – Medicaid Program
- MSM Chapter 200 – Hospital Services
- MSM Chapter 1700 – Therapy
- MSM Chapter 3600 – Managed Care Organization

**WEB ANNOUNCEMENT 548**  
**Overpayments Due to Clinical Claim Editor Recouped**

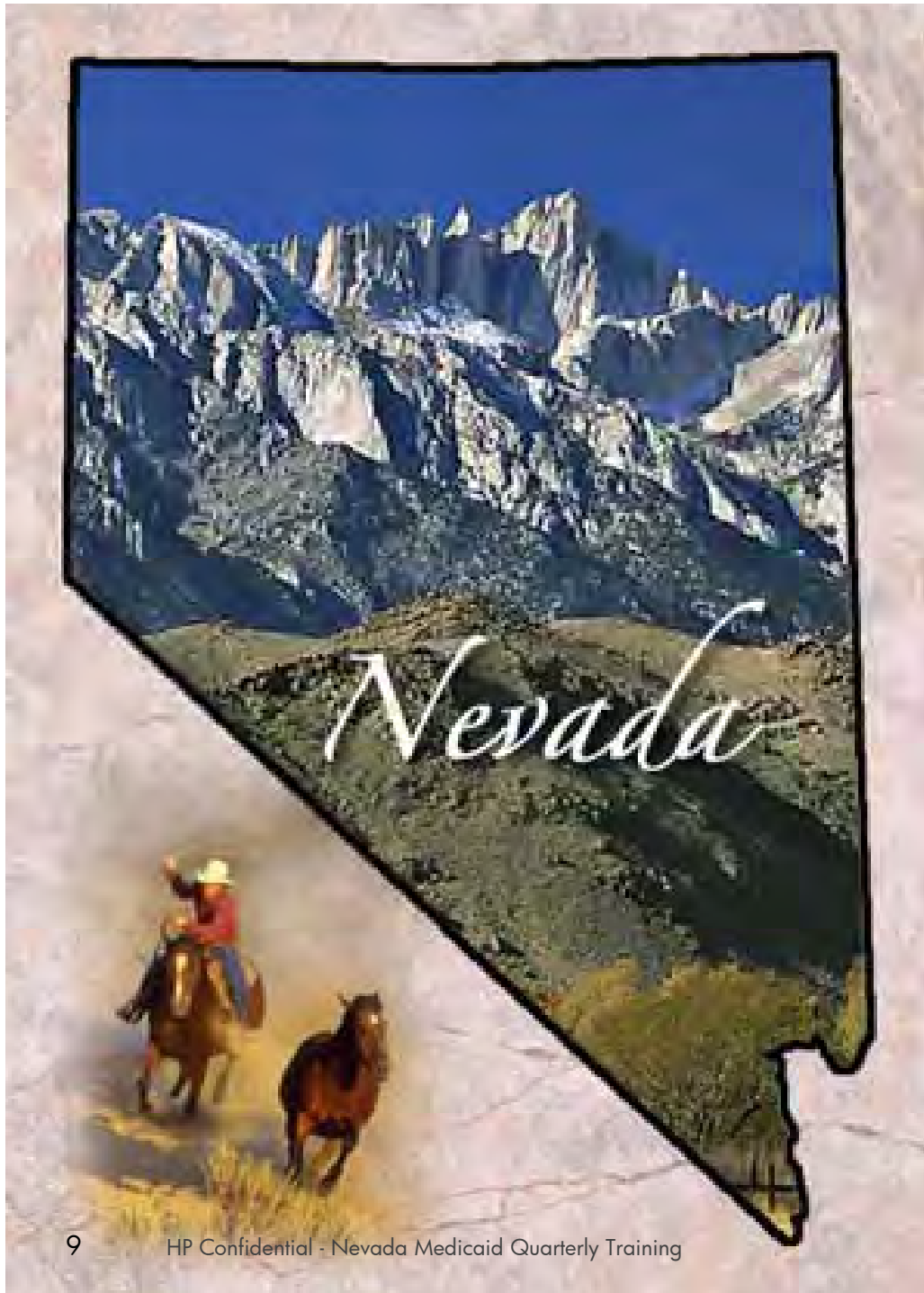
Some providers were recently overpaid on certain claims which had line(s) added by clinical claim editor and also had covered National Drug Code (NDC) claim lines. The affected claims were identified and were automatically reprocessed to void the original claims and recoup the overpayments. Remittance advices dated November 16, 2012, show the results of the recoupments.

**WEB ANNOUNCEMENT 547**  
**Rate Set for HCPCS Code A4223 Billed by Provider Types 12, 17 and 33**

Attention provider types 12, 17 (specialties 195, 196 and 198) and 33: Effective with dates of service on or after December 1, 2012, claims for HCPCS code A4223 (Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)) will be reimbursed at a set rate; the code will no longer pay at a percentage of the billed charge. For reimbursement rates, contact the DHCFF Rates Unit at (775) 684-3763.







# Provider Enrollment, Re-enrollment And Changes



# Provider Enrollment

- Updated Provider Initial Enrollment Applications and Re-enrollment Applications effective June 1, 2013
- Previously published applications are no longer accepted effective June 1, 2013
- The ***NEW*** Provider Enrollment Information Booklet includes general instructions, FAQs and a list of Provider Types and Specialties, as well as information for Out-of-State Providers



Web  
Announcement  
593



# Provider Re-enrollment

As directed by the Nevada Division of Health Care Financing and Policy (DHCFP), HPES will perform provider re-enrollment for Nevada Medicaid and Nevada Check Up providers on a recurring basis to ensure that every provider is re-enrolled at least every 36 months.



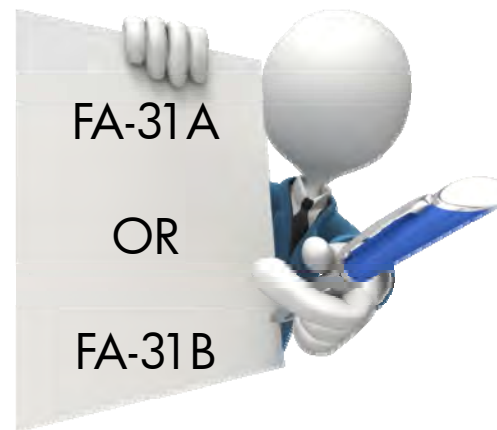
# Provider Re-enrollment

- Providers are identified from oldest enrollment to newest (most recent)
- 60-day letter
- 20-day letter
- A separate notification may be issued for each provider type for which you are enrolled
- Electronic Funds Transfer (EFT) is a requirement



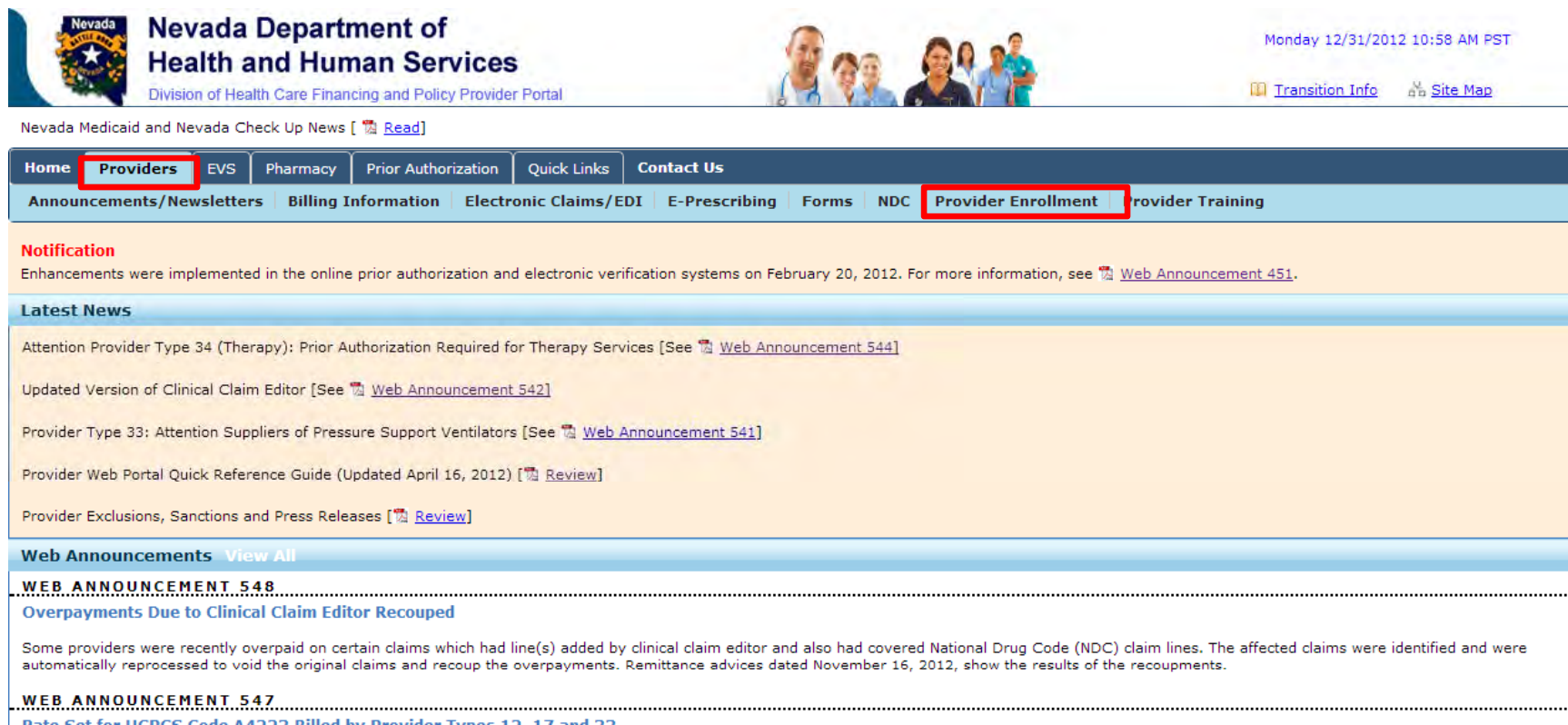
# New Re-enrollment Applications

- There are now two new re-enrollment applications:
  - FA-31 A – Provider re-enrollment application for individuals
  - FA-31 B – Provider re-enrollment application for groups/facilities
- Do not re-enroll until you receive your letter
- Use the correct re-enrollment application
- Applications are PDF formats



# Location of Re-enrollment Applications

[www.medicaid.nv.gov](http://www.medicaid.nv.gov)



The screenshot displays the Nevada Department of Health and Human Services website. The header includes the Nevada state seal, the department name, and the date Monday 12/31/2012 10:58 AM PST. A navigation bar contains links such as Home, Providers (highlighted with a red box), EVS, Pharmacy, Prior Authorization, Quick Links, and Contact Us. Below this, a secondary navigation bar highlights Provider Enrollment (also with a red box). The main content area features a Notification about system enhancements, a Latest News section with several updates, and a Web Announcements section. The first announcement, WEB ANNOUNCEMENT 548, is titled 'Overpayments Due to Clinical Claim Editor Recouped' and discusses the recouping of overpayments on certain claims.

Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy Provider Portal

Monday 12/31/2012 10:58 AM PST

[Transition Info](#) [Site Map](#)

Nevada Medicaid and Nevada Check Up News [ [Read](#) ]

Home **Providers** EVS Pharmacy Prior Authorization Quick Links Contact Us

Announcements/Newsletters Billing Information Electronic Claims/EDI E-Prescribing Forms NDC **Provider Enrollment** Provider Training

**Notification**  
Enhancements were implemented in the online prior authorization and electronic verification systems on February 20, 2012. For more information, see [Web Announcement 451](#).

**Latest News**

Attention Provider Type 34 (Therapy): Prior Authorization Required for Therapy Services [See [Web Announcement 544](#)]

Updated Version of Clinical Claim Editor [See [Web Announcement 542](#)]

Provider Type 33: Attention Suppliers of Pressure Support Ventilators [See [Web Announcement 541](#)]

Provider Web Portal Quick Reference Guide (Updated April 16, 2012) [ [Review](#) ]

Provider Exclusions, Sanctions and Press Releases [ [Review](#) ]

**Web Announcements** [View All](#)

**WEB ANNOUNCEMENT 548**

**Overpayments Due to Clinical Claim Editor Recouped**

Some providers were recently overpaid on certain claims which had line(s) added by clinical claim editor and also had covered National Drug Code (NDC) claim lines. The affected claims were identified and were automatically reprocessed to void the original claims and recoup the overpayments. Remittance advices dated November 16, 2012, show the results of the recoupments.

**WEB ANNOUNCEMENT 547**

[Rate Set for HCPCS Code A4222 Billed by Provider Types 12, 17 and 22](#)



# Re-enrollment Submission Process

- Once received by HPES, the re-enrollment application will be logged internally and reviewed
- If approved, you will receive a letter stating that you have been re-enrolled with a copy of your provider contract
- If documentation is missing or errors are found, your re-enrollment packet may be returned to you with a letter indicating necessary corrections



# Enrollment or Re-enrollment Submission

- Mail your completed application to:  
Provider Enrollment  
P.O. Box 30042  
Reno, NV 89520-3042
- Email your completed application to:  
nvproviderapps@hp.com  
Attach all items to one email  
(Application, Provider Contract, Supporting Documentation)



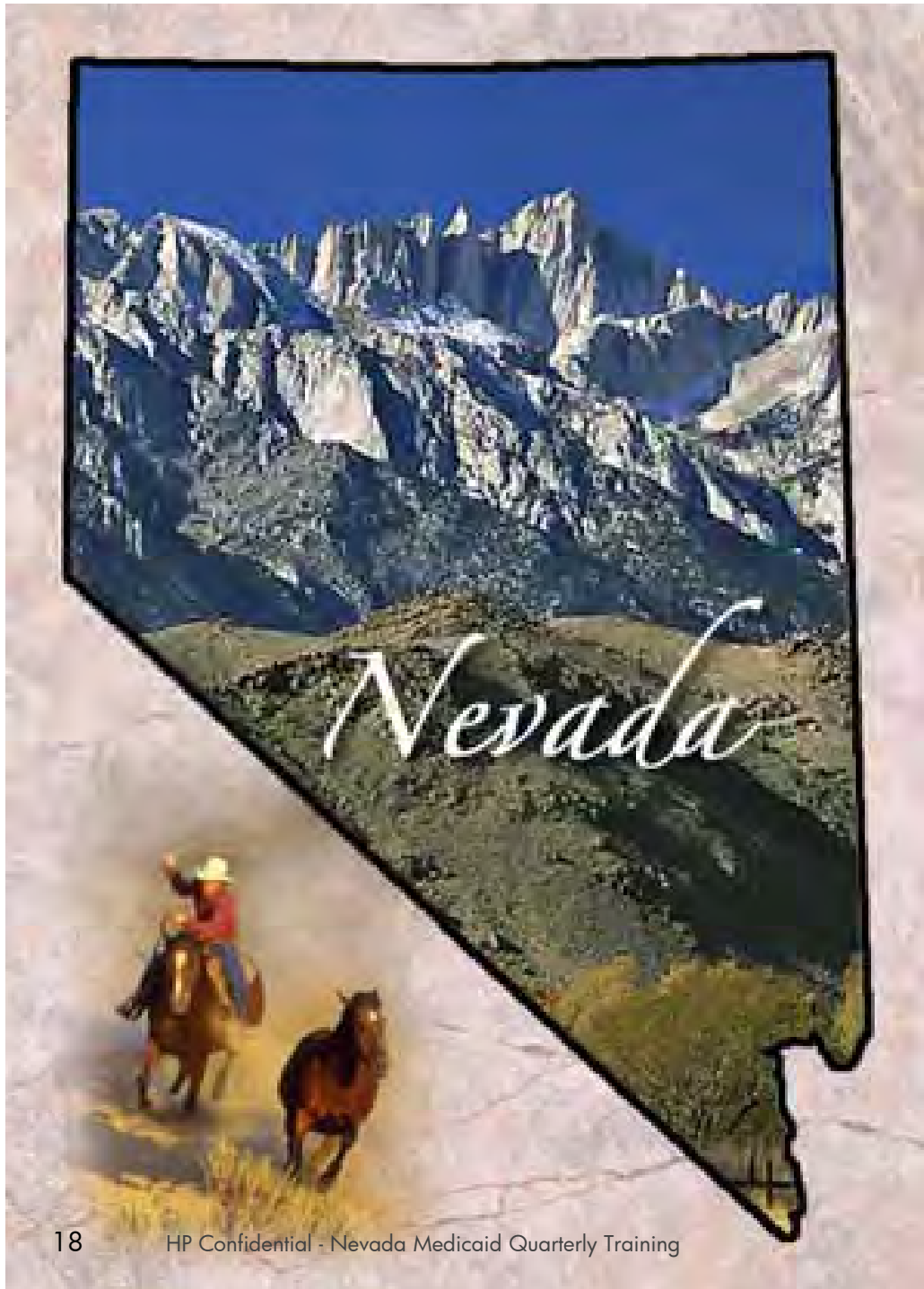


# Provider Information Change Form Updated

- Provider Information Change form (FA-33) updated and posted May 21, 2013
- Purpose: With the exception of change in ownership, use this form to report any changes to your information
- All changes can be faxed to (775) 335-8502 or mailed to:

HP Enterprise Services  
Provider Enrollment  
P.O. Box 30042  
Reno NV 89520-3042





# ICD-10 Resources



# What is ICD-10?

- ICD-10 are code sets used to report medical diagnosis and inpatient procedures



# ICD-10 Key Facts

- ICD-10 will replace ICD-9 on October 1, 2014
- ICD-10 provides significant benefits to the healthcare industry
- ICD-10 has been adopted by 136 countries and several countries have taken the ICD-10 code set and modified it for their medical systems



# ICD-10 Key Facts, Continued

- The National Center for Health Statistics (NCHS) developed ICD-10-**CM** for diagnosis coding in all U.S. healthcare settings
- The Centers for Medicare & Medicaid Services (CMS) created the new ICD-10-**PCS** code set for inpatient procedures in all U.S. hospital settings



# ICD-10: Impacts Across the Healthcare Industry

All facets of the healthcare industry will be affected by ICD-10:

- Healthcare payers and clearinghouses
- Providers and patients
- Employers and workers compensation plans
- Insurance brokers and auto insurers



# ICD-10: Impacts Across the Healthcare Industry, Continued

- Changes in the way coverage for services is determined
- Changes in the way services are reimbursed
- More time needed for providers to determine which ICD-10 codes to use



# ICD-10: Impacts Across the Healthcare Industry, Continued

- Database systems and computer software upgrades
- Training required for nearly everyone who uses or has contact with ICD-10
- Increased claim rejections, denials and pending claims due to non-compliance with ICD-10





# ICD-10: Resources

Resource	Link
The Official Centers for Medicare & Medicaid Services (CMS) Industry Resources for the ICD-10 Transition	<a href="http://www.cms.gov/ICD10/">http://www.cms.gov/ICD10/</a>
Myths and Facts of ICD-10	<a href="https://www.cms.gov/ICD10/Downloads/ICD-10MythsandFacts.pdf">https://www.cms.gov/ICD10/Downloads/ICD-10MythsandFacts.pdf</a>
FAQ ICD-10 Transition Basics	<a href="https://www.cms.gov/ICD10/Downloads/ICD10FAQs.pdf">https://www.cms.gov/ICD10/Downloads/ICD10FAQs.pdf</a>
ICD-10-CM Quick Reference Guide	<a href="http://www.cms.gov/ICD10/Downloads/ICD-10QuickRefer.pdf">http://www.cms.gov/ICD10/Downloads/ICD-10QuickRefer.pdf</a>
CMS Training Segments for ICD-10	<a href="http://www.cms.gov/MedicaidInfoTechArch/07_ICD-10TrainingSegments.asp">http://www.cms.gov/MedicaidInfoTechArch/07_ICD-10TrainingSegments.asp</a>



# ICD-10: Resources, Continued

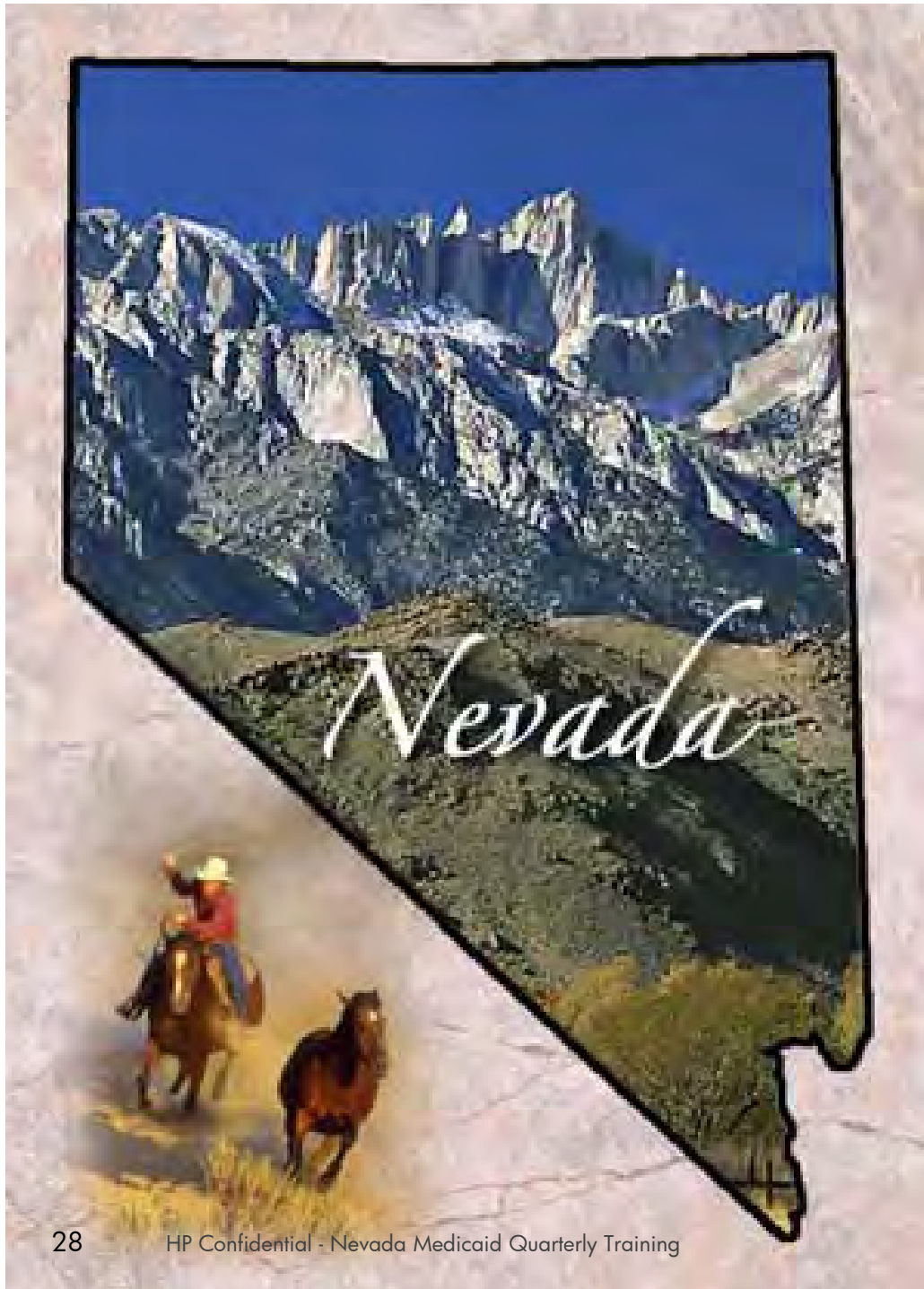
Resource	Link
Medicaid ICD-10 Implementation Assistance from Noblis	<a href="https://medicaidicd10.noblis.org/navigation/">https://medicaidicd10.noblis.org/navigation/</a>
National Center for Health Statistics (NCHS) – Basic ICD-10-CM Information	<a href="http://cdc.gov/nchs/about/otheract/icd9/abtcd10.htm">http://cdc.gov/nchs/about/otheract/icd9/abtcd10.htm</a>
American Health Information Management Association (AHIMA) – ICD-10 FAQs	<a href="http://www.ahima.org/icd10/faqs.aspx">http://www.ahima.org/icd10/faqs.aspx</a>
Centers for Disease Control & Prevention (CDC)	<a href="http://www.cdc.gov/nchs/icd/icd10cm.htm">http://www.cdc.gov/nchs/icd/icd10cm.htm</a>
World Health Organization (WHO)	<a href="http://www.who.int/classifications/icd/en/">http://www.who.int/classifications/icd/en/</a>



# ICD-10: Resources, Continued

Resource	Link
The Differences Between ICD-9 and ICD-10 – Fact Sheet from the American Medical Association (AMA)	<a href="http://www.ama-assn.org/resources/doc/washington/icd10-icd9-differences-fact-sheet.pdf">http://www.ama-assn.org/resources/doc/washington/icd10-icd9-differences-fact-sheet.pdf</a>
American Medical Association - ICD-10 Website	<a href="http://www.ama-assn.org/go/ICD-10">http://www.ama-assn.org/go/ICD-10</a>
HIPAA 5010 FAQs - CMS Website	<a href="https://questions.cms.hhs.gov/app/answers/list/kw/5010">https://questions.cms.hhs.gov/app/answers/list/kw/5010</a>
HIPAA 5010 Fact Sheet - CMS Website	<a href="https://questions.cms.hhs.gov/app/answers/list/kw/5010">https://questions.cms.hhs.gov/app/answers/list/kw/5010</a>





# New Claim Form Instructions



# CMS-1500 Paper Claim Form Instructions

Changes include (but are not limited to):

- “Situational” replaces “Conditional” to denote fields that are required only when they apply to the claim
- Spaces, dashes, hyphens or any other punctuation within a provider’s NPI/API or 9 digit ZIP code, a recipient’s ID or any other identifier on the claim will not cause a claim to be returned to sender
- Adjustment & Void Reason Codes: the lists have been modified to detail the most appropriate codes for claims submission



# CMS-1500 Paper Claim Form Instructions

Changes include (but are not limited to):

- Situational Fields:

17	Name of referring provider or other source
17 b	NPI

- Previously Required Fields:

3	Patient's birth date, sex
24I	ID qualifier
24J	NPI users: Provider's taxonomy code
25	Federal Tax ID Number



# UB-04 Paper Claim Form Instructions

Changes include (but are not limited to):

- Previously Required Fields:

5	Federal tax number
13	Admission hour
16	Discharge hour
43	Description
44	HCPCS/Accommodation Rates/HIPPS Rate Codes
58A	Insured's name
76	Attending provider name and identifiers





# Provider Web Portal 4.0





# Provider Web Portal Upgrade

- User information has been automatically migrated to the new version including:
  - Last member viewed
  - Favorite providers
  - Provider/delegate information
- Action Required: Upon login, you will be automatically directed to “My Profile” to confirm your contact information and change your password

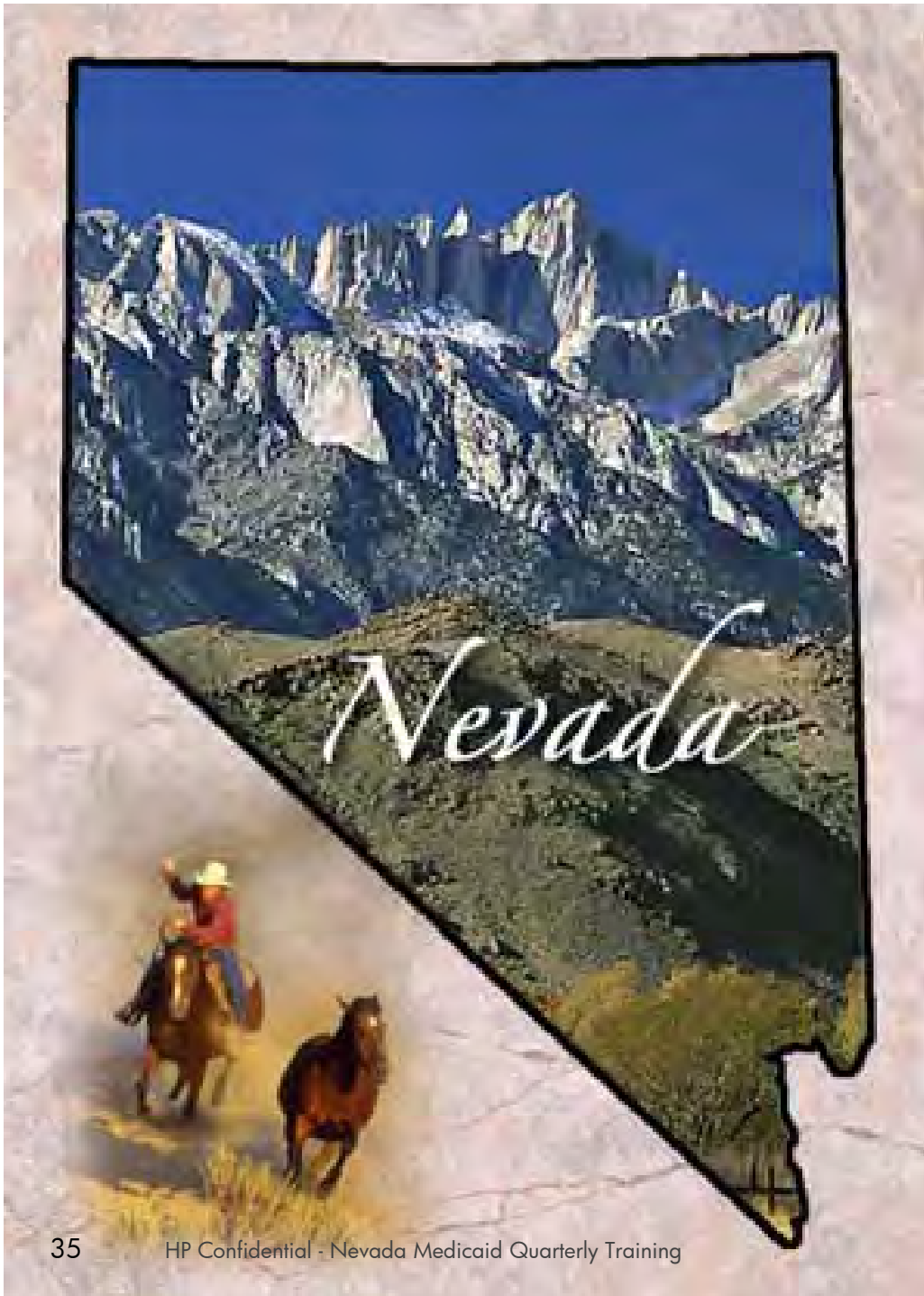


# Web Portal Prior Authorization Submission

- Prior Authorization (PA) diagnosis and surgical procedure panels now contain a drop-down list to select ICD-9 or ICD-10 codes
- Continue to submit prior authorizations with ICD-9 codes
- Do not select the ICD-10 option
- The ICD-10 option will not be available until September 2014



# Medicaid Services Manual Updates



# Medicaid Services Manual (MSM) Updates

At a recent Division of Health Care Financing and Policy (DHCFP) Public Hearing, the following chapter changes were approved:

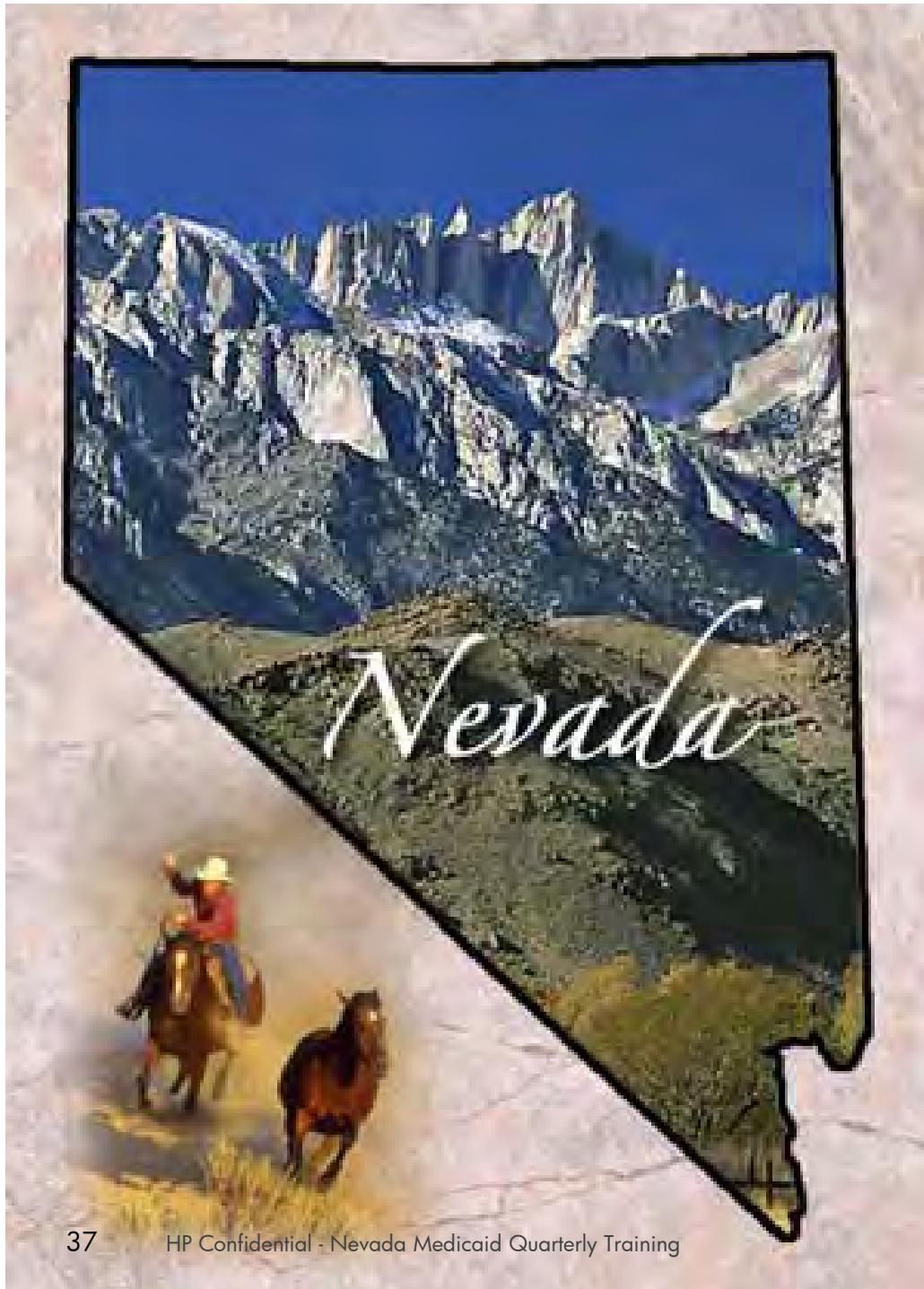
- MSM Chapter 600 – Physician Services
- MSM Chapter 1200 – Prescribed Drugs
- MSM Chapter 1500 – Healthy Kids Program
- MSM Chapter 2300 – Physical Disability Waiver
- MSM Chapter 3400 – Telehealth Services



Web  
Announcement  
608

The schedule and agendas for future hearings are on the DHCFP's Public Notices webpage at [dhcfnv.gov](http://dhcfnv.gov)





# Billing HCPCS/CPT and NDC Codes

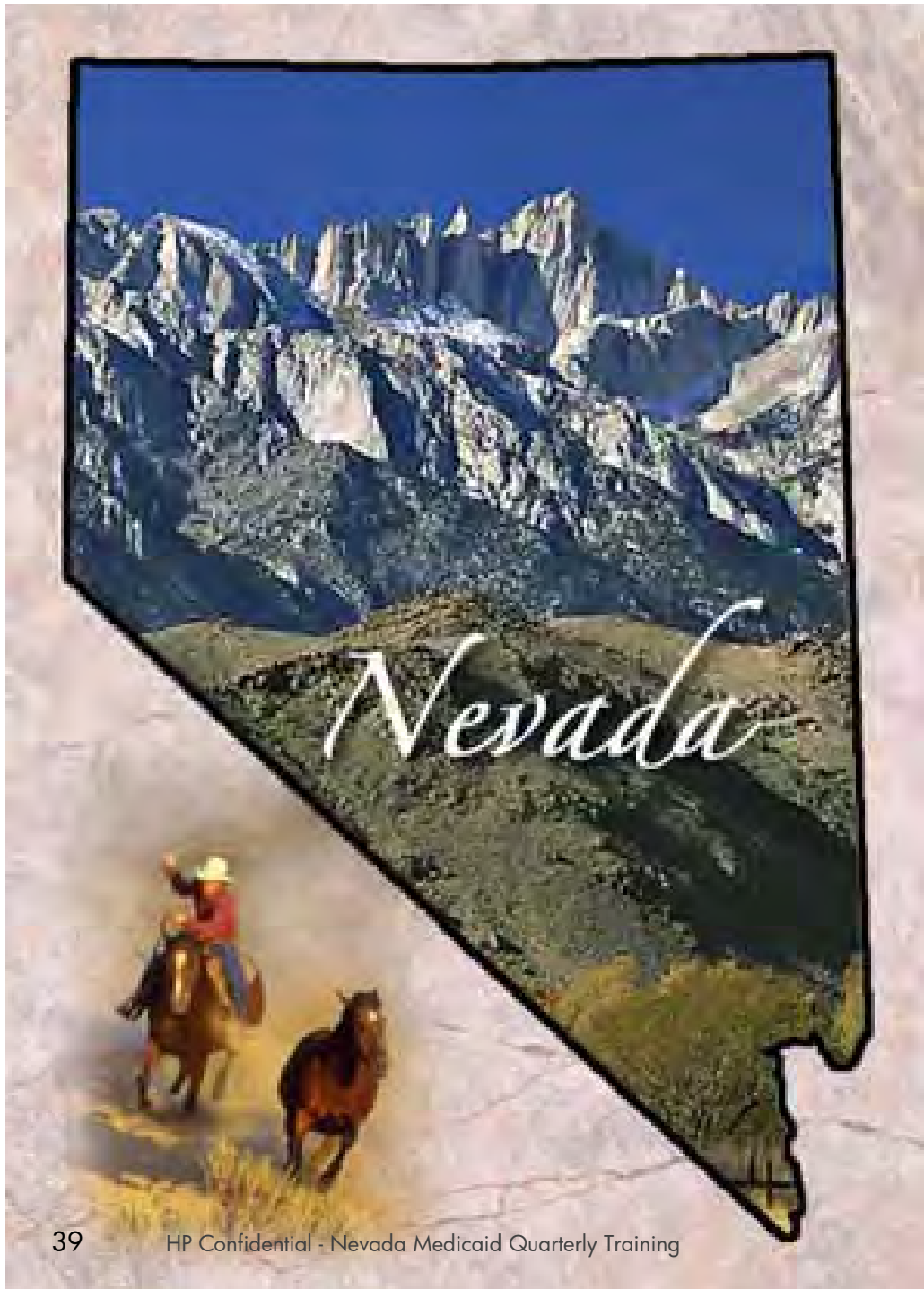


# Billing Physician-Administered Drugs



- Use CPT codes to bill all covered vaccines that are not part of the Vaccines for Children (VFC) program.  
The administration fee is reimbursed for VFC drugs
- Use HCPCS codes to bill Federal Drug Administration (FDA) approved intrauterine devices (IUDs)
- Use HCPCS codes to bill radiopharmaceuticals and contrast agents
- All other physician-administered drugs are reimbursed by National Drug Code (NDC) and the appropriate unit of measure. Both items must be included on the claim form.





# Behavioral Health Conference Calls



# DHCFP Conference Calls

The Division of Health Care Financing and Policy's Behavioral Health Conference Calls are held on the second Wednesday of each month at 10:00 a.m.

Resuming  **July 10, 2013**

For more information:

[https://dhcfp.nv.gov/BehavioralHealth/BH\\_Calls.htm](https://dhcfp.nv.gov/BehavioralHealth/BH_Calls.htm)







# Provider Field Representatives



# Northern Nevada Provider Field Representative Team

## Provider Services Manager

- Jennifer Shaffer

Office: (775) 335-8585

Cell: (775) 313-2811



## Northern Nevada

- Kim Teixeira – Provider Representative

Office: (775) 335-8569      Cell: (775) 323-9667

- Shanna Lira – Provider Representative

Office: (775) 335-8566      Cell: (775) 343-9929

- Nedra Daugherty – Provider Representative

Office: (775) 335-8568      Cell: (775) 233-1226



# Southern Nevada Provider Field Representative Team

## Provider Services Manager

- Jennifer Shaffer

Office: (775) 335-8585   Cell: (775) 313-2811



## Southern Nevada

- Tiffani Hart – Provider Representative  
Cell: (702) 266-6923
- Hasani Jackson-Carroll – Provider Representative  
Cell: (702) 239-4933
- Jassamine Haughton – Provider Representative  
Cell: (702) 274-6616



# Contact the Provider Training (Field Representative) Team

- By phone – (877) 638-3472
  - Options 2, then 0, then 4
- By email – [nevadaprovidertaining@hp.com](mailto:nevadaprovidertaining@hp.com)
- By fax – (775) 624-5979





Thank you for attending today!

Please complete your evaluation.

We appreciate the feedback!

Thank you!

